

ISSUE SLIP STAPLE AREA (for additional cross references)

09/816 837

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | HL | | 5-23-01 |
| O.I.P.E. CLASSIFIER | 1 | | 6-20-01 |
| FORMALITY REVIEW | TSF | 897 | 05-18-01 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 - Restricted 0 Objected

| Claim | Date |
|----------|---------|
| Final | |
| Original | |
| 1 | 5/20/01 |
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| Claim | Date |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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